

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 08/11/03.

## I. DISPUTE

Whether there should be reimbursement for CPT codes listed below for dates of service 10/11/02 through 03/21/03.

## II. FINDINGS

The requestor has withdrawn the date of service 11/19/02, for CPT code 99090, per a phone conversation with \_\_\_\_ at \_\_\_\_ on 02/09/04.

## III. RATIONALE

The carrier denied services as “N11-Not documented. Upon review, documentation as submitted does not support the level of service(s) billed. N72-Not documented. Documentation must include treatment provided (with days of week), response to treatment, progressive overall improvement of symptoms; failure to respond to treatment should reflect a change of the treatment plan. N-17 Not appropriate documented upon review, documentation submitted did not contain information specific to this service. N75- Not appropriate documented Documentation as submitted does not support the therapy modalities/procedures as billed.”

DOS	CPT	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
10/16/02 10/18/02 11/15/02 11/20/02 01/06/03 02/07/03 02/10/03 03/21/03	99213- MP	\$48.00 \$48.00 \$48.00 \$48.00 \$48.00 \$48.00 \$48.00 \$48.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	N17, N72 N17 N17 N17 N17, N72 N, F N17, N72 N17	\$48.00	MFG E/M (IV)(C)	For the dates of service 10/16/02, 01/06/03 and 02/10/03, documentation does not support the level of service billed per the fee guideline. Therefore, reimbursement is not recommended.  For the dates of service 10/18/02, 11/15/02, 11/20/02, 02/07/03 and 03/21/03, documentation meets the criteria per the MFG and reimbursement is recommended in the amount of <b>\$240.00</b> .

10/11/02 10/14/02 10/16/02 10/18/02 03/21/03	97014	\$30.00 \$30.00 \$30.00 \$30.00 \$30.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00	N17, N72 N17, N72 N17, N72 N17, N72 N72	\$15.00	MFG MGR (I)(A)(1-5, 8)	Documentation does not support response to treatment, overall improvement of symptoms; failure to respond to treatment should reflect a change of the treatment plan. Therefore, reimbursement is not recommended.
10/11/02 10/14/02 10/16/02	97035	\$30.00	\$0.00 \$0.00 \$0.00	N17, N72 N17, N72 N17, N72	\$22.00 each 15 minutes	MFG MGR (I)(A)(1-5, 8)	Documentation does not support response to treatment, overall improvement of symptoms; failure to respond to treatment should reflect a change of the treatment plan. Therefore, reimbursement is not recommended.
10/14/02 10/16/02	97122	\$40.00	\$0.00 \$0.00	N17, N72 N17, N72	\$35.00 each 15 minutes	MFG MGR (I)(A)(1-5, 8)	Documentation does not support response to treatment, overall improvement of symptoms; failure to respond to treatment should reflect a change of the treatment plan. Therefore, reimbursement is not recommended.
03/21/03	97012	\$20.00	\$0.00	N72	\$20.00	MFG MGR (I)(A)(1-5, 8)	Documentation does not support response to treatment, overall improvement of symptoms; failure to respond to treatment should reflect a change of the treatment plan. Therefore, reimbursement is not recommended.
10/21/02 11/19/02	99070	\$80.00 \$80.00	\$0.00 \$0.00	N17, N72 N72	DOP	MFG MGR	Documentation submitted for review meets the criteria per the MFG. Therefore, reimbursement is recommended in the amount of <b>\$160.00</b> .
10/14/02	95851	\$36.00	\$0.00	N17, N72	\$36.00	MFG MGR (I)(A)(1-5, 8)	Documentation does not support response to treatment, overall improvement of symptoms; failure to respond to treatment should reflect a change of the treatment plan. Therefore, reimbursement is not recommended.
11/19/02	95861	\$200.00	\$0.00	N17	\$200.00	MFG MGR (IV)	Relevant information submitted for review meets documentation criteria per the MFG. Therefore, reimbursement is recommended in the amount of <b>\$200.00</b> .

11/15/02 11/18/02 11/20/02 11/22/02 11/27/02 02/07/03 02/10/03	97110	\$120.00 \$120.00 \$80.00 \$160.00 \$120.00 \$160.00 \$160.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	N17, N72 N17, N72 N17, N72 N17, N72 N17 F1 N75, 01	\$35.00 each 15 minutes	MFG MGR(I)(A)(10)	MFG MGR (I)(A)(10) CPT descriptor: Recent review of disputes involving one on one CPT Code 97110 by the Medical Dispute Resolution section indicate overall deficiencies in the adequacy of the documentation of this Code both with respect to the medical necessity of one-on-one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes "one-on-one." Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division has reviewed the matters in light all of the Commission requirements for proper documentation. The therapy notes for these dates of service do not support any clinical (mental or physical) reason as to why the patient could not have performed these exercises in a group setting, with supervision, as opposed to one-to-one therapy. The Requestor has failed to submit documentation to support reimbursement in accordance with the CPT Descriptor and MFG. Therefore, no reimbursement is recommended.
10/16/02 10/18/02 11/15/02 02/07/03	97250	\$43.00 \$43.00 \$43.00 \$43.00	\$0.00 \$0.00 \$0.00 \$0.00	N17, N72 N17, N72 N17, N72 F1	\$43.00 one or more regions	MFG MGR (I)(A)(1-5, 8)	Documentation does not support response to treatment, overall improvement of symptoms; failure to respond to treatment should reflect a change of the treatment plan for the dates of service 10/16/02, 10/18/02, 11/15/02. Therefore, reimbursement is not recommended.  For the date of service 02/07/03, documentation supports the delivery of services and reimbursement is recommended in the amount of <b>\$43.00</b> .

11/15/02 11/18/02 11/20/02 11/22/02 11/27/02 02/10/03	97530	\$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	N17, N72 N17, N72 N17, N72 N17, N72 N17 N75, 01	\$35.00 (each 15 minutes)	MFG MGR (I)(A)(1-5, 8)	Documentation does not support response to treatment, overall improvement of symptoms; failure to respond to treatment should reflect a change of the treatment plan for the dates of service 11/15/02, 11/18/02, 11/20/02 and 11/22/02. Therefore, reimbursement is not recommended.  For the dates of service 11/27/02 and 02/10/03, Relevant information submitted for review meets documentation criteria per the MFG and reimbursement is recommended in the amount of <b>\$70.00</b> .
10/11/02	99204	\$165.00	\$0.00	N11	\$106.00	MFG E/M (IV)(C)	Documentation does not support the level of service billed per the fee guideline. Therefore, reimbursement is not recommended.
10/14/02	99203	\$110.00	\$0.00	N17, N72	\$74.00	MFG E/M (IV)(C)	Documentation does not support the level of service billed per the fee guideline. Therefore, reimbursement is not recommended.
10/21/02	99241	\$110.00	\$0.00	N17	\$63.00	MFG E/M (IV)(C)	Documentation does not support the level of service billed per the fee guideline. Therefore, reimbursement is not recommended.
10/21/02	99090	\$108.0	\$0.00	N17	\$108.00	MFG MGR	Documentation does support delivery of services. Therefore, reimbursement is recommended in the amount of <b>\$108.00</b> .
10/21/02 11/19/02	95900	\$384.00 \$192.00	\$0.00 \$0.00	N17 N17	\$64.00 each nerve	MFG MGR (IV)	Relevant information submitted for review meets documentation criteria per the MFG. Therefore, reimbursement is recommended in the amount of <b>\$576.00</b> .
10/21/02 11/19/02	95904	\$384.00 \$192.00	\$0.00 \$0.00	N17 N17	\$64.00 each nerve	MFG MGR (IV)	Relevant information submitted for review meets documentation criteria per the MFG. Therefore, reimbursement is recommended in the amount of <b>\$576.00</b> .
10/21/02	95935	\$212.00	\$0.00	N17	\$53.00	MFG MGR (IV)	Relevant information submitted for review meets documentation criteria per the MFG. Therefore, reimbursement is recommended in the amount of <b>\$212.00</b> .

10/21/02	93740	\$252.00	\$0.00	N17	\$84.00	MFG MGR (IV)	Relevant information submitted for review meets documentation criteria per the MFG. Therefore, reimbursement is recommended in the amount of <b>\$252.00.</b>
<b>Totals</b>		\$4,461.00	\$0.00				The Requestor is entitled to reimbursement in the amount of <b>\$2,437.00.</b>

#### IV. FINDINGS & DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT codes 97545, 97546-WH and 97122, 97250, 97265, 99213-MP. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$2,437.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings and Decision is hereby issued this 11th day of February 2004.

Michael Bucklin  
Medical Dispute Resolution Officer  
Medical Review Division

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division

RL/mb